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ABSTRACT

This paper attempts to clarify the vocabulary, issues, research findings, and direction of the development of counseling research up to the present. With changing times and dissatisfaction with counseling results and outcome research approaches, a more comprehensive and interactional view of counseling research and practice has developed. The traditional distinction between outcome and process research is presented, with representative studies and conclusions of each type. The author gives particular emphasis to the need for including input, or pre-treatment variables, in counseling research. These include: (1) client variables: demographic, aptitude, cognitive style, expectancy, achievement, personality style, and motivation; (2) counselor characteristics: demographic, personality style, aptitude, cognitive style, expectancy, and level of training and experience; and (3) contextual or situational variables: Physical setting, referral source, psychological setting, ecological factors, and fee. Finally, a systems model delineating some of the major components of counseling performance is presented. (Author/SES)

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A RECONCEPTUALIZATION OF THE RESEARCH PARADIGM IN COUNSELING RESEARCH

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A RECONCEPTUALIZATION OF THE RESEARCH PARADIGM IN COUNSELING RESEARCH

(Summary)

Preparing students to understand and undertake research in counseling can be a perplexing task for the counselor educator. The following article attempts to clarify the vocabulary, issues, research findings, and direction of the development of counseling research up to the present. Particular emphasis is placed on the change from outcomes research to process research, and more recently to pre-treatment variables research. Finally, a systems model for reconceptualizing the seemingly disparate variables in counseling research is presented.

Introduction

Research (Feldman, 1958; Kurland, 1956) indicates that approximately 30-60% of individuals seeking help from outpatient facilities terminate in six visits or fewer. Why does this dropout problem occur, and what does it imply? In part, it would seem that this dropout problem connotes a communications problem: either the client did not feel he was being understood by the counselor or therapist, or perhaps he was perceived by the counselor as being "unmotivated" or "resistant." But there seems to be more at stake than this. For instance, why is it that counselors and clinicians are asking the questions: "Is counseling effective?" and "Is client-centered counseling really the best method?" less frequently, and more often asking: "What kind of treatment, given by what kind of counselor, to what kind of client, in what kind of setting, and for what purpose will be the most effective?"? And why are researchers who were once preoccupied with outcome and process research now becoming more interested in studying pre-treatment variables, such as individual differences in clients and counselors, and differential effects of settings and interventions?

Perhaps the times have changed. There is little doubt that this period of history can be referred to as the age of ecological concern and accountability. Ecological concern implies the awareness that there is an interaction

between a person and his environment, the environment being any person, place, thing, or idea. Accountability implies that an individual's performance in any environment must be maximized lest that individual be irresponsible to that environment or vice versa. In other words, no action ever takes place in a vacuum, but rather interacts with an environment. Just as citizens are becoming aware of the interaction of all types of pollution with the air, water, and the food they consume, counselors are becoming cognizant of a number of pre-treatment variables that interact with counseling itself, and that affect the outcomes or performance of counseling. Researchers (Cf. Whiteley, 1967) having become dissatisfied with the uninspired results of traditional outcome and process studies, are likewise becoming more receptive to this interactional approach as the basis for their counseling.

Needed: A New Paradigm for Research in Counseling.

Viewing counseling in this interactional way may be facilitated by conceptualizing three broad sets of variables: Input, Process, and Output, instead of the traditional two variables: outcome and process. Input or pre-treatment variables include individual differences in the client and the counselor, as well as situational factors. The second set, Process variables, concern the type of relationship established, the number of contacts, and the approaches used. Finally, output variables are concerned with changes in behavior that occur outside the counseling situation itself, that result from the counseling.

To understand the present thrust of research in counseling and psychotherapy it is helpful to look more closely at the rationale and results of outcome research, as distinguished from process research. The traditional distinction between the two was the emphasis on what change resulted from treatment, as opposed to how change occured during treatment. Outcome

research had been characterized by before-after treatment on the specified dependent variables, with little attention to changes occuring in process. Specific external criteria were more likely to be utilized, though not necessarily to the exclusion of verbal behavior of more global dimensions. Process research, on the other hand, has been traditionally confined to observations made within the counseling relationship with emphasis upon client-counselor interactions. This type of research has relied primarily upon the verbal behavior of the client and counselor as a basis for inferences concerning the process of change during counseling or therapy. The dependent variables, therefore, have tended to be internal, global and perceptual in nature. Unfortunately, as Sprinthall (1967) and Allen (1967) have pointed out, the confusion and non-productiveness of these two orientations to counseling research has been great. Let us now turn to some of the issues and results of outcome and process research.

Outcome Research in Counseling and Psychotherapy.

The counseling literature is replete with studies attempting to demonstrate that counseling helps people, but when taken as a whole, the evidence appears far from being definitive. Some of the research is methodologically defective, and that which is not has provided ambiguous results or has little practical significance. In this area of outcome research, more effort has been directed to the study of psychotherapy than to counseling. Starting with Eysenck (1952) and going full circle to Meltzoff and Kornreich (1970) there has been much debate about whether therapy works or not. Some like Eysenck (1952, 1960, 1965), and Truax and Carkhuff (1967) have insisted that spontaneous remission, or just passage of time, is more, or as therapeutic than long-term psychotherapy. On the other hand, Meltzoff and Kornreich (1970) in perhaps one of the most comprehensive reviews of

the research to date, found that almost every kind of therapy produces impressive results.

Eysenck (1952) declared that no evidence, other than testimonials, existed to demonstrate that formal psychotherapy has a unique effect on a client's problems. Instead, Eysenck suggested that changes which therapists observed were due to the process of "spontaneous remission" rather than as a result of the therapist's intervention. This view, which has much support among researchers, is based upon comparisons of therapy and control groups which reveal that although change occurs in therapy groups, an equal degree of change occurs in control groups who receive no professional treatment. Eysenck argued that the average amount of change in the two conditions is the same because the same process is at work, namely spontaneous remission.

But Bergin (1963) felt this explanation was of dubious value, and perhaps had actually retarded scientific progress by seemingly making remission a consequence of events that were unresearchable. Yet, the question "Why do people in the control group change?" is extremely provocative. Bergin suggested that not all people who experience psychological disturbances seek out mental health professionals for treatment, but many do seek counsel, support, and advice from friends, clergy, and physicians. Bergin suggested that to the extent such assistance was effective it could have accounted for changes that occur in control groups of disturbed people who did not have recourse to formal psychotherapy.

Truax and Carkhuff (1967) reviewed thirty-seven studies that utilized some kind of control group. Their conclusion was similar to Eysenck's:

> Thus the weight of the evidence, involving very large numbers of clients or therapists, suggests that the average effects of therapeutic intervention (with the average therapist or counselor) are approximately equivalent to the random effects of normal living without treatment... (p. 12).

Furthermore, they suggest that no responsible writer has ever reviewed the research on outcome studies and concluded that "counseling and therapy as usually practiced have an average benefit beyond that seen in comparable control groups" (p. 13).

Meltzoff and Kornreich appear to be responsible writers and their conclusion based on 101 studies with adequate controls is that psychotherapy does work. Of these studies 80% yielded positive results while 20% yielded null or negative results:

> Altogether, 56% (of the studies) were considered sufficiently adequate in design and execution for valid conclusions to be drawn, and 44% were doubtful. Among the adequate studies, 84% showed positive effects of psychotherapy that were statistically significant. Similarly, 75% of the questionable studies reported significant benefits (p. 174).

For these authors, the weight of the experimental evidence is sufficient to conclude that psychotherapy: "...has been demonstrated under controlled conditions to be accompanied by positive changes in adjustment that significantly exceed those that can be accounted for by the passage of time" (p. 175).

What accounts for this vast difference of opinion? Meltzoff and Kornreich suggest that reviews of the literature that have concluded that psychotherapy is ineffective are based on both an incomplete survey of existing research and an insufficiently stringent appraisal of the data. In fact, they feel that the better the quality of the research, the more positive the results of the therapy that are obtained. Their implication is that Truax and Carkhuff's survey is deficient on both counts.

In any case, one telling point made by the defenders of psychotherapy, such as Kornreich and Meltzoff, is that the interpretation of negative results is more complicated than previously appreciated, and that it may be misleading to lump several counselors and several clients together into a single study.

The evidence that some clients improve with therapy while others lose ground is due to differences in the process of counseling among both counselors and clients. When these clients are combined, their changes cancel one another out, so that it appears that little gain has been made by the counseling group as a whole. This suggests that some clients do benefit from counseling but that their improvement is obscured when they are studied in combination with others who regress.

Process Research in Counseling and Psychotherapy.

Since process research essentially answers the question: "What goes on and why?", process research is logically at the center of the circle of the counseling enterprise. It touches on and is touched by everything of relevance in counseling. Whereas studies of outcome have a central focus, process studies range in a disorganized fashion over the entire field of counseling and psychotherapy. According to Meltzoff and Kornreich (1970), the variety of process studies and their lack of unity may be an advantage at this present stage of development of the field.

Researchers have tried to determine if there is a typical course which treatment takes, whether counselor response facilitates or inhibits client ability to come to grips with his problems, and whether techniques like transference, silence, reflection, and interpretation are effective (Stollak, Guerney, and Rothberg, 1966). A growing body of research deals with those contributions of the therapist that Carl Rogers considers to be the "necessary and sufficient conditions for change" in the client.

These are the therapist's congruence or openness, empathetic understanding or knowing the client's internal frame of reference, and unconditional positive regard or acceptance of the client as he is. Client-centered therapists and researchers have operationally defined these variables and

devised ingenious measures of them. At first these were Q-sorts and questionnaires, and later observation scales of actual therapeutic behavior. Rogers (1957), in what some consider the most important theoretical paper in the field of counseling and psychotherapy, considered these three conditions to be the crucial variables in the therapeutic relationship which accounted for personality change and growth. In reviewing the research on these relationship conditions, Meltzoff and Kornreich (1970) concluded that many sympathetic researchers have assumed that Rogers' proposal was verified fact and that all a researcher had to do was demonstrate that high levels of these therapist-contributed conditions lead to client self-exploration. Further, it had been assumed that this self-exploration would in and of itself lead to personality change and growth.

Unfortunately, however, this assumption has been challenged by many behavior therapists (Allen, 1967; Paul, 1966; Krumboltz, 1968). Truax and Carkhuff (1967) have surveyed a number of research studies which give support to these three conditions for therapeutic change. Additional evidence from the work of persons other than Rogerians have tended to confirm these findings (Bergin, 1963, 1966; Gardner, 1964). Carkhuff and Berenson (1967) have further research which suggests that concreteness, or specificity of expression, is a fourth basic dimension that is necessary for change and growth in the client.

Pre-Treatment or Individual Differences Research in Counseling and Psychotherapy.

In the late 1950's and early 1960's there was a marked increase in the number of studies investigating process variables and a decrease in outcome studies. Why the change? Volsky et al (1965) suggested that:

> Perhaps experimenters are averse to being identifed with this mass of poor research (outcome research) or perhaps they are genuinely interested in another facet of the problem. Whatever the reason, the current emphasis is more on the process than the outcomes of counseling and psychotherapy. (p. 26)

A number of theorists, at that same time, began to question the very distinction between outcome and process. Kieslar (1966) felt that "to some extent process research is outcome research and outcome research is equivalent to process investigation." Wellman (1967) took the position that the issue of the dichotomy between outcome and process was further confused by trying to label some outcomes as processes and others as end results. According, he suggested that the term "process" be used to describe the experimental or independent variables applied to produce specific outcomes or dependent variables, either in counseling or out of counseling, or both.

In 1968, Sprinthall (1968) observed that: "Research in counseling and psychotherapy has been gradually moving in a psychologically healthy direction--backwards," referring to the fact that it is not sufficient to study only outcome and process variables, and that relevant pre-treatment variables needed to be included.

For instance, the fact that the client is of a certain age, with a certain problem syndrome, a certain degree of intelligence, a certain family and ethnic background, and so on, must also be taken into account. Bergin (1966) and Truax and Carkhuff (1967) have findings which indicate that a small subsample of cases in therapy get worse as a result of the four facilitative conditions. Furthermore, the counselor has mannerisms, attitudes, and differing levels of experience which interact with client variables to affect the therapeutic relationship.

Sprinthall (1967) and Kieslar (1966) have questioned the time honored assumption that there is homogeneity among clients and among counselors or therapists. A growing body of research is underscoring the observation that there is great heterogeneity along many dimensions of counselor and client behavior prior to counseling which appears to influence both its process

and outcomes (Kieslar, 1966).

Logically, Allen (1967) and Sprinthall (1967) have made the case that within group variance after counseling and within group variance during counseling suggest that there may well be within group variance or heterogeneity prior to the counseling treatment itself. In that regard Sprinthall (1967) states:

> In a sense I am suggesting that research in counseling now take one further step backward from the outcome problem, to examine more carefully what homogeneity, if any exists in research groups designated as counselees. Instead of continuing to use our most recent dichotomy of process versus outcome as categories for research, we need to add a third dimension, that of prior conditions and relevant pre-treatment variables. I see this third dimension, which has been conveniently overlooked, as requisite to our research efforts if we are to more fully comprehend such a complex set of inter-relationships as exist in counseling research (p. 37).

A New Research Paradigm.

At the very least, this confusion over vocabulary, issues and emphases has not helped to promote rigorous and responsible theory building, experimentation, or clinical practice. It is suggested that much of this confusion can be allayed by reconceptualizing the variables or dimensions of counseling in terms of a systems model wherein the three sets of variables: outcomes, processes, and pre-treatment are viewed operationally in terms of the continuum: input→process→outcome.

As has been suggested earlier, Input or pre-treatment variables would include client variables--demographic, aptitude, cognitive style, expectancy, achievement, personality style, motivation, presenting problem, and so on; counselor characteristics--demographic, personality style, aptitude, cognitive style, expectancy, level of training and experience, and so on; and contextual or situational variables--physical setting, referral source, psychological setting, ecological factors, and fee, and so on.

Process variables would include the counseling intervention--type, stages of treatment, goals, methods of diagnosis, techniques, assignments outside of counseling, and so on; and interaction--dimensions, depth, readjustment of goals, and so on.

Output variables would include changes in behavior that occur outside the counseling situation itself, that resulted from the counseling process. With this orientation, all counseling research could then be properly designated in terms of counseling performance or "counseling outcomes." With such a comprehensive schema involving the interaction between the person of the client and the person of the counselor, and the counseling intervention and the counseling setting, the question of accountability, or who or what should be responsible for the outcome of a counseling relationship or a total counseling program, would no longer be a mystery.

Furthermore, simplistic research hypotheses such as: "Is counseling method X effective?" or "Which is the one best method for all times?" and simplistic experimental designs such as comparing "counseling" to "no counseling" control groups, or a particular method to no treatment at all, will no longer suffice. Accordingly, applied multivariate research designs--including the almost forgotten Johnson-Neyman technique--which supply interactional data, will be the preferred statistical methods along with appropriate quasi-experimental designs (Campbell and Stanley, 1963).

The ultimate outcome of this interactional systems paradigm for counseling research will be to match a particular counseling method to a particular client, and a particular counselor, to work through a particular problem or need. Blocher and Shaffer (1971) have laid the groundwork for a systematic consideration of eight counseling intervention for eight client problems. Further elaboration of this interactional model may be found in

Thorne's (1967) classic paper: "Toward Meaningful Client Dimensions: the etiological equation," and in Carkhuff and Berenson (1967).

Summary

Changing times and dissatisfaction with counseling results and outcome research approaches have led to the development of a more comprehensive and interactional view of counseling research and practice. The traditional distinction between outcome and process was presented, as were representative studies and conclusions of each type. A case was made for the necessity of including pre-treatment variables or individual differences in counseling research. Lastly, a systems model which delineated some of the major components of counseling performance was presented.

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SCHOOL OF EDUCATION

April 4, 1973

ERIC/CAPS, Director
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Dear Sir:

Enclosed is a copy of a manuscript(original copy) which I would like you to consider for publication in Research in Education. This manuscript, with summary, "A Reconceptualization of the Research Paradigm in Counseling Research" is especially helpful for counseling educators, researchers and students.

Please acknowledge receipt of this paper.

Sincerely,

Len Sperry

Len Sperry, Ph.D.
Assistant Professor

cc/
enclosure